PAGE 1 / 11

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Oth	er Than An Au	thorized	Commit	tee		Office Us	se Only	
NAME OF     COMMITTEE (in full)		R PRINT ▼		nple: If typ the lines.	ing, type	12FE	4M5		
BRINGING EVER	YONE TOO	SETHER THR	OUGH	ADVOC	CACY				
	1 1 1 1								
ADDRESS (number and st	reet)	X 14141							
Check if differer than previously reported. (ACC)	st PA	.UL				MN	55114	<u> </u>	
2. <b>FEC IDENTIFICATI</b>	ON NUMBER '	▼ CI	TY▲			STATE 🛦		ZIP COI	DE 🛦
C C00405050			IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports  April 15 Quarterly Re	(b) III R   D	eport ue On: Ma	b 20 (M2) ar 20 (M3) r 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	ĕ	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	x	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly Re October 15 Quarterly Re January 31	eport (Q2)	PRE-Election Report for the:	H	Primary (12		=	eral (12G) cial (12S)	in the	Runoff (12R)
Year-End Re July 31 Mid- Report (Non Year Only) ( Termination (TER)	Year -election MY)	30-Day POST-Election Report for the:		General (30	OG)	Runo	off (30R)		Special (30S)
5. Covering Period		01 2017		through	M M	31	20°	Y	
I certify that I have exam Type or Print Name of Tr	Hamm	and to the best cond, Charlie, , ,	f my know	rledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasurer	Hammond, Chai	rlie, , ,		Electronical	lly Filed]		11 / 16	D /	2017
NOTE: Submission of false	e, erroneous, or it	ncomplete information	on may sub	oject the pe	rson signing	this Report	to the penalti	es of 52	U.S.C. § 30109
Office Use Only								FOR lev. 05/20	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### BRINGING EVERYONE TOGETHER THROUGH ADVOCACY

10 01 2017 10 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7463.13 January 1, 2017 (b) Cash on Hand at 7297.49 Beginning of Reporting Period..... 22650.00 35350.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 42813.13 29947.49 6(a) and 6(c) for Column B)..... 19525.00 32390.64 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 10422.49 10422.49 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### BRINGING EVERYONE TOGETHER THROUGH ADVOCACY

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	10000.00
(i) itemized (doe deficable 7)	4 4	
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	0.00	10200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	22000.00	24500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	22000.00	34700.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	650.00	650.00
Refunds of Contributions Made		4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	4 4	4 4
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	4 4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
H	7 7 7	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 201111 1 41140 (110111 001104410 110) 11111111	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	4 1 4 1 4	1 4 1 4 1 4
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	22650.00	35350.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	22650.00	35350.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
10101 11104	Jaionaa Tear-to-Date
0.00	0.00
0.00	0.00
4525.00	14390.64
4525.00	14390.04
4525.00	14390.64
0.00	0.00
15000.00	18000.00
10000.00	4 4 4
0.00	0.00
0.00	0.00
0.00	0.00
0.00	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
(20))	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	200
0.00	0.00
19525.00	32390.64
19525.00	32390.64
	Total This Period  0.00  0.00  4525.00  4525.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  19525.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22000.00	34700.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22000.00	34700.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4525.00	14390.64
7. Offsets to Operating Expenditures (from Line 15, page 3)	650.00	650.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3875.00	13740.64

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 11 Use separate schedule(s) (check only one) for each category of the **X** 11c 11b 11a 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BRINGING EVERYONE TOGETHER THROUGH ADVOCACY Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 101 NORTH 3RD STREET 10 2017 City Zip Code State Transaction ID: SA11C.4156 MOORHEAD MN 56560 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00110338 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 1061 AMERICAN LANE 10 16 2017 City State Zip Code Transaction ID: SA11C.4150 **SCHAUMBURG** 60173 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00255752 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COMMUNITY ACTION PROGRAM - POLITÍCAL ACTION COMMITTEE (CAP-PAC) Date of Receipt Mailing Address 1 MASSACHUSETTS AVENUE, NW 10 13 2017 SUITE 310 City Zip Code State Transaction ID: SA11C.4148 DC WASHINGTON 20001 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 C00163048 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 12000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

7

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

#### S IT

	19e# 201711173000704700											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the			NU ly on			PAGE	7 OF	11	
			Detailed Summary Page		11a 13	Н	11b 14	<b>X</b>	-	12		
	y information copied from such Reports and S for commercial purposes, other than using the		for the		ose (		citing o					
$\rangle$	NAME OF COMMITTEE (In Full) BRINGING EVERYONE TOGE			′								
Α.	Full Name of Individual (Last, First, Middle Ini GENERAL DYNAMICS CORPORATION POL		Date of Receipt									
	Mailing Address 2941 FAIRVIEW PARK DR. SUITE 100				10	/	D 1			2017	Y	
	City	State	Zip Code		Transaction ID : SA11C.4146							
	FALLS CHURCH	VA	22042		Amoun	t of	Each	Recei	pt this	Period		
	FEC ID number of contributing federal political committee.	C cod	0078451		5000.00							
	Name of Employer (for Individual)	Оссі	upation (for Individual)		M	lemo	Item					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_								
	Other (specify) ▼		5000.00	4								
В.	Full Name of Individual (Last, First, Middle Ini ORBITAL ATK INC. POLITICAL AC				Date o	of Re	ceipt					
	Mailing Address 1300 WILSON BLVD SUITE 1100						2	<sup>D</sup> /		2017	Y	
	City ARLINGTON	State VA	Zip Code 22209						<b>1C.41</b> 5 pt this	<b>52</b> Period		
	FEC ID number of contributing federal political committee.	C coo	250209		<u> </u>				<del>-</del>	2500.00	0	
	Name of Employer (for Individual)	upation (for Individual)		M	1emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼	2500.00										
<del>С</del> .	Full Name of Individual (Last, First, Middle Ini				Date o	of Re	ceipt					
	Mailing Address 1100 WILSON BLVD SUITE 1500			10 27 2017								
	City	Zip Code		Trans	sacti	on ID	: SA1	1C.41	54			
	ARLINGTON	VA	22209		Amoun	t of	Each	Recei	pt this	Period		
	FEC ID number of contributing federal political committee.	C cod	0097568		2500.00						0	
	Name of Employer (for Individual)	Оссі	upation (for Individual)		M	1emo	Item					
	Receipt For: Primary General	Year-to-Date ▼										

2500.00

\_ \_ \_

10000.00

22000.00

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:						PAGE		8	OF	•	11
	(c	(check only one)										
			11a		11b		11c		12			
			13		14	X	15		16			17
not be sold or used by any person for the purpose of soliciting contributions												

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) BRINGING EVERYONE TOGETHER THROUGH ADVOCACY Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Selby Avenue Realty, LLC Date of Receipt Mailing Address 1680 Highway 100 South 2017 Suite 400 18 City Zip Code State Transaction ID: SA15.4158 MN St. Louis Park 55416 Amount of Each Receipt this Period FEC ID number of contributing 650.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Office Rent Deposit Refund Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 650.00 SUBTOTAL of Receipts This Page (optional)..... 650.00 TOTAL This Period (last page this line number only).....

#### S П

SCHEDULE B (FEC Form 3X)			FOP	FOR LINE NUMBER: PAGE							OF	11					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (ch			FOR LINE NUMBER: PAGE 9 OF (check only one)							•					
		for each category of the Detailed Summary Page			22 23 26 27												
		28			28b	28			29	30							
Any information copied from such Reports and State or for commercial purposes, other than using the na																	
NAME OF COMMITTEE (In Full)																	
BRINGING EVERYONE TOGETH	CY																
Full Name (Last, First, Middle Initial)																	
A. Mavromatis, Dotti, , ,		Date of Disbursement															
Mailing Address 411 South Columbus Street			10 11 2017														
City	State	Zip Code			FEC Identification Number												
Alexandria Purpose of Disbursement	VA	22314				-	+	+		-	1						
Fundraising Consulting					С			_									
Candidate Name			Catego	m/	Tra Amoun				SB21E			hoi					
			Type		7 tillouri	01 20		D101	30130111	_	-	100					
	ement For:								-	100	0.00						
Senate President	Primary	General															
State: District:	Other (spe	∪iiy) ▼			Me	mo Ite	m										
Full Name (Last, First, Middle Initial)				+													
B. Mavromatis, Dotti, , ,		Date of Disbursement															
					M M / D D / Y Y Y Y							1					
Mailing Address 411 South Columbus Street		10	J L	2	5		2017										
City	State	Zip Code			FEC Id	entifica	atior	n Nu	ımber								
Purpose of Disbursement	Alexandria VA 22314 Purpose of Disbursement									C							
Fundraising Consulting						neost:	٥٣	ID.	SB21E	1464	4						
Candidate Name			Catego	ry/	Amoun				-		s Per	iod					
Office Cought			Туре		3000.00							$\neg$					
Office Sought: House Disburse Senate	ement For: Primary	General															
President	Other (spe				П	_											
State: District:	7 (212.0)	• /			Me	mo Ite	m										
Full Name (Last, First, Middle Initial)																	
C. Mavromatis, Dotti, , ,					Date of												
Mailing Address 411 South Columbus Street					10 31 2017												
City	State	Zip Code			FEC Id	ontifica	tio-	. NI-	ımbor								
Alexandria	VA	22314				en mine	uoi	IINU	annoer	_	-						
Purpose of Disbursement Catering				$\neg \bot$	C												
Candidate Name	اب					SB21			iod								
			Catego Type		Amoun	ι oτ ⊨a	ıcn	UISI	oursem	ent thi	s Per	iod					
Office Sought: House Disburse	71								5.00								
Senate	Primary Other (spe	General				,			,								
President Pictriot:		Me	mo Ite	m													
State: District:					_												
SUBTOTAL of Disbursements This Page (optional)				. •					-		25.00						
TOTAL This Period (last page this line number only	v)					-											

#### S П

SCHEDULE B (FEC Form 3X)	Llee sens	vesto cobodulo(o)	FOR LINE	PAGE 10 OF 11					
ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the	1 ` '	(check only one)  X 21b 22 23 26					
	Detailed S	Summary Page	28a	28b	28c	26 27 29 30b			
Any information copied from such Reports and Staten									
or for commercial purposes, other than using the nam	ne and addre	ess of any politica	al committee to	solicit con	ributions	from such committee.			
NAME OF COMMITTEE (In Full)  BRINGING EVERYONE TOGETHI	ED TUD								
BRINGING EVERTONE TOGETHI	EK INK	OUGH ADV	OCACT						
Full Name (Last, First, Middle Initial)				Data of	Distance				
A. The Monacle	Date of Disbursement								
Mailing Address 107 D Street NE	10	31							
,	State	Zip Code		FEC Ide	ntification	Number			
Washington Purpose of Disbursement	DC	20002			<del></del>				
Catering			· · ·	C					
Candidate Name			Category/			ID: SB21B.4164.( Disbursement this Period			
			Type	7					
Office Sought: House Disbursen					7	525.00			
Senate   President	Primary Other (spec	General							
State: District:	other (opeo	<i></i> , <b>∀</b>		<b>★</b> Men	no Item				
Full Name (Last, First, Middle Initial)									
В.				Date of	Disburser	ment			
Mailing Address		M = M	/ D	D / Y Y Y Y Y					
City	State	Zip Code		FEC Ide	ntification	Number			
Purpose of Disbursement		C							
				0					
Candidate Name			Category/	Amount	of Each i	Disbursement this Period			
Office Sought: House Disbursen	nent For:		Туре						
	Primary	General							
	Other (spec			Mon	no Item				
State: District:				IVIEI	io item				
Full Name (Last, First, Middle Initial)  C.				Data of	Disburser	mont			
<b>o</b> .				M M	/ D				
Mailing Address					Ĺ				
City	State	Zip Code							
Oity	Jiaic	Zip Code		FEC Ide	ntification	Number			
Purpose of Disbursement									
Candidate Name									
Candidate Name	Amount of Each Disbursement this Period								
Office Sought: House Disbursen	Туре		-						
Senate			7-	7					
President District:		Men	no Item						
State: District:				_					
SUBTOTAL of Disbursements This Page (optional)						0.00			
(						7 1 7 1			
TOTAL This Period (last page this line number only)						4525.00			

#### S П

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF 11								
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only	THO INDEX.							
	21b	22 🗶 23 🔲 26 🔲 27									
		Summary Page	28a	28b 28c 29 30b							
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar											
NAME OF COMMITTEE (In Full)											
BRINGING EVERYONE TOGETH											
Full Name (Last, First, Middle Initial)				Data of Dishurasment							
A. DCCC				Date of Disbursement							
Mailing Address 430 SOUTH CAPITOL STREET, S	======================================		10 24 2017								
2ND FLOOR											
,	State DC	Zip Code		FEC Identification Number							
WASHINGTON Purpose of Disbursement	DC	20003		C C00000035							
Contribution				C C00000935							
Candidate Name			Category/	Transaction ID : SB23.4162 Amount of Each Disbursement this Period							
			Type								
	ment For:			15000.00							
Senate President	Primary Other (spec	General									
State: District:	Other (spec	iiy) <b>▼</b>		Memo Item							
Full Name (Last, First, Middle Initial)											
В.				Date of Disbursement							
	M M / D D / Y Y Y Y										
Mailing Address											
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement											
Turpose of Disbursement		C									
Candidate Name	Amount of Each Disbursement this Period										
	Category/ Type	Attribute of Each Biobarconicity and Ferrod									
Office Sought: House Disburser											
Senate President											
State: District:	Other (spec	iiy)		Memo Item							
Full Name (Last, First, Middle Initial)											
C.				Date of Disbursement							
				M M / D D / Y Y Y Y							
Mailing Address											
City	State	Zip Code		FEC Identification Number							
Purpose of Disbursement				C							
·	O										
Candidate Name	Amount of Each Disbursement this Period										
Office Cought:											
Office Sought: House Disburser Senate											
President	Primary Other (spec	☐ General		п., .							
State: District:	Memo Item										
				15000.00							
SUBTOTAL of Disbursements This Page (optional)			·····•	15000.00							
TOTAL This Period (last page this line number only)	)			15000.00							